

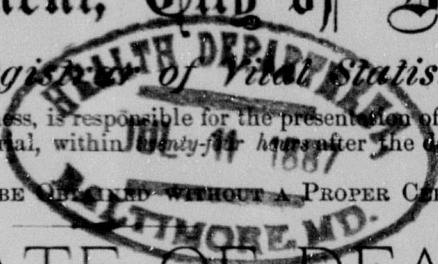
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1141 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alley Folly

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

8

Months,

4

Days

Color,

White

Married, Single, ~~Widower~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore,

1289 Bot Avenue

Place of Death, { Give Street and Number. }

Cholera Draft

Cause of Death, { First (Primary),

Convulsions

Second (Immediate),

4 Day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

WB Noble

Date of Burial, July 11th 1887

M. D.

{ Undertaker, Chandler Davis

Medical Attendant.

{ Place of Business, 715 Light

Address, 301 Warren ad

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 11472 Office of Registrar of Vital Statistics. Ward 24

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CERTIFICATE OF DEATH

Date of Death, July 10th 1887

Full Name of Deceased, Henry Dippel {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 19 Years, 4 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, Germany {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, 1739 Eastern Ave {Give Street and Number.}

Cause of Death, Typhoid Malarial fever {First (Primary), Second (Immediate),}

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 12 1887 R. S. Baddenbough M. D.

Undertaker, W. Sanders

Medical Attendant.

Place of Business, 1710 Eastern Ave Address, 418 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1143**

Office of Registrar of Vital Statistics.

Ward **21**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 9th, 1887.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Cornelius John F. Stadlander

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **Years,**

9 Months,

Color, **White**

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

X 808 S. Broadway

Cause of Death, { First (Primary), Second (Immediate), }

Internal Convulsions

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial, **Mount Carmel**

Date of Burial, **July 11th 1887**) John H. Rehberger **M. D.**

Undertaker, **Ho. Lander & Son**

Medical Attendant.

Place of Business, **1709 Cleveland**) Address **X 1709 Cleveland**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

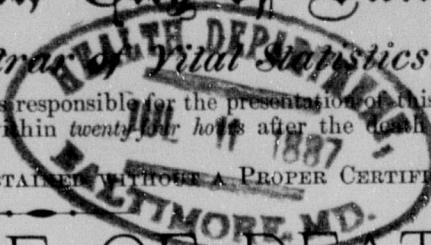
Permit No. A 1144

Office of Registrar of Vital Statistics.

Ward 44

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, July 9, 1887

Full Name of Deceased, Nicholas Lutz { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~or Female~~ { Cross out the word not required in this line. } male

Age, Years, Months, 19 Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. } 310 Albemarle st

Cause of Death, { First (Primary), Baratternell, Second (Immediate), }

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, 15 Pauli ave

Date of Burial, July 11, 1887

Undertaker, A. Landau

Place of Business, 710 Canton ave

P. J. Dauser M. D.
Medical Attendant
Address, 1727 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1145 Office of Registrar of Vital Statistics. Ward 44

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Lizzie Lutzy

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 42 Years,

7 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

married

Occupation,

none

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

33 years

Place of Death, { Give Street and Number. }

310 Albemarle St.

Cause of Death, { First (Primary),

Enteritis

Second (Immediate),

Shock

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul's Cemetery

Date of Burial,

July 11 1887

G. Dausch M. D.

Medical Attendant

{ Undertaker, G. Dausch M. D.

{ Place of Business, 1710 Carlton Address, 1727 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1146

Office of Registrar of Vital Statistics.

Ward 121^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH:

Date of Death,

July 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs Mary Ann Trumble

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, 5 Months, 11 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Wife.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York.

Duration of Residence in the City of Baltimore, 42 yrs.

Place of Death, { Give Street and Number. } 577 N Carrollton Av.

Cause of Death, { First (Primary), Choleras Morbus. } Second (Immediate), Correa.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, July 12th 1887

Undertaker, Steward & Mowen

Medical Attendant.

Place of Business, 215 & 217 Park ave Address, 505 N Carrollton Av
7th Royal & Boundary ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1147

Office of Registrar of Vital Statistics.

Ward 12 "

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John D. Brooks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Salisbury, Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. }

1025 Jenkins Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Pronchitis

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12, 1887

{ Undertaker, A. H. Stanley

L. M. Hall

M. D.

Medical Attendant.

{ Place of Business, 5610 Orchard St.

Address, 1019 D. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1148

Office of Registrar of Vital Statistics.

Ward 14

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rhoda Seymour

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 80 Years, Months, Days.

Color,

Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓ Servant

Occupation,

Accomack Co., Va.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

62 1/3 years.

Duration of Residence in the City of Baltimore,

Organic Heart Disease

Place of Death, { Give Street and Number. }

62 1/3 Silver St.

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

3 years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Bank

Date of Burial,

July 11th 1887

{ Undertaker,

C. E. Boughell

{ Place of Business,

1408 Carroll Ave.

Address,

640 N. Carrollton Ave.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1149

Office of Registrar of Vital Statistics.

Ward 18

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A BURIAL CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William J. Haunert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 4 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 176 W Cross St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 5 days
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11th 1887 by Howard Cook M. D.

{ Undertaker, Julius Kaehler

Medical Attendant.

{ Place of Business, Sharp & Cross. Address, 578 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1150

Office of Registrar of Vital Statistics.

Ward 7

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Peter et Anton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months, 10 Minutes

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

No 1004 E Biddle st

Cause of Death, { First (Primary),
Second (Immediate), }

Spasms

Duration of Last Sickness,

since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 11th 1887

{ Undertaker, H. G. Greck & Son

Henry A. Stearns M. D.

{ Place of Business, Central Address, Comp & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Henry M. McKewen Inspector.

[OVER.]